National Health Communication Strategy Development Workshop
October 4 – 9, 2003

Facilitators:
Dr. Amanullah Hussaini, IEC Director, MOH
Dr. Mohamed Elferaly, Health Communication Advisor, USAID/REACH
May Al-Bezreh, Health Communication Officer, WHO
Dr. Ahmed Sardar, Health Communication Associate, WHO

National Health Communication Strategy Development Workshop
October 4 – 9, 2003
Facilitators:
Dr. Amanullah Hussaini, IEC Director, MOH
Dr. Mohamed Elferaly, Health Communication Advisor, USAID/REACH
May Al-Bezreh, Health Communication Officer, WHO
Dr. Ahmed Sardar, Health Communication Associate, WHO
Participants: 50 MOH, NGO, UN, and USAID/REACH

PURPOSE
Strategic design is the hallmark of successful health programs. Collaboratively designed, implemented and evaluated health communication strategies will help achieve the goal of improving health in a significant and lasting way by empowering people to change their behaviors and by facilitating social change. Sound communication strategies provide coherence for a health program's activities and enhance the health program's power to succeed. Strategic health communication is characterized by multi-channel integration, multiplicity of stakeholders, increased attention to evaluation and evidence-based programming, large-scale impact at the national level, more pervasive use of mass media, and a communication process in which participants, both 'senders' and 'receivers,' create and share together.

Workshop Goals and Objectives:
To develop a draft 3 year National Health Communication Strategy for the IEC Directorate at the MOH, on the subjects of Maternal Health, Child Health, Nutrition, EPI, Communicable Diseases, and Environmental Health. The workshop was conducted to achieve the following objectives:
- Review the role of health communication in disease prevention and control
- Analyze the situation
- Develop a communication strategy
- Address communication management considerations
- Define evaluation methods
- Engage stakeholders

WORKSHOP ACTIVITIES
The following activities were completed during the workshop:

1- Introduction of workshop objectives and participants
2- Health communication overview
3- Communication strategy outline: overview of stages of strategy development; grouping of participants
4- Situation analysis: brief presentations by health directors on priority health problems
5- Communication analysis
   - Determine problem behaviors
   - Behavior rating and prioritization
   - Changeability and importance rating
   - Conduct behavioral analysis
6- Conduct audience analysis
7- Define primary and secondary target audiences
8- Conduct channel/media analysis
9- Develop communication objectives
10- Develop strategies and determine activities
11- Develop monitoring and evaluation indicators
12- Develop dissemination plan

13- Develop training plan
14- Assemble the communication strategy

RESULTS AND EVALUATION

The workshop resulted in a draft health communication strategy for the IEC Directorate at the MOH, on the subjects of Maternal Health, Child Health, Nutrition, EPI, Communicable Diseases, and Environmental Health. No pre- and post-evaluation was conducted as this workshop was not intended for training the participants in any of the subjects specified above.

The draft strategy, including M&E indicators, dissemination plan and training plan, is currently being finalized, and will be available for submission to USAID the first week of December.

RECOMMENDATIONS

1. The current capacity of most participants nominated by the MOH and NGOs is not yet up to the level needed for planning and implementing health communication activities. It is thus recommended to develop and conduct a training workshop in health communication for the participants that have attended the strategy development workshop.
2. The collaboration between USAID/REACH and WHO proved to be very fruitful and successful. It is recommended to continue conducting activities together.

ANNEXES:

- Annex A: Workshop schedule
- Annex B: List of participants
- Annex C: Worksheets
- Annex D: Presentation: Health Communication Overview
- Annex E: Presentation: Step-by-Step Development of an Integrated Communication Strategy

Annex A:
Workshop Schedule

		TIME
DAY 1 **4/10/2003**	Opening session • 08:30-09:00 Registration • 09:00-09:05 Reciting Holy Koran • 09:05-09:15 Speech of Dr. Abdullah Fahim, GD, Health Care and Promotion, MoH • 09:15-09:25 Speech of WHO Representative • 09:25-09:35 Speech of USAID/REACH Representative • 09:45-10:30 Tea Break	8.30- 10.30
Morning Session	***Introduction to workshop objectives and participants*** Dr. Hussaini, Director, IEC Directorate, MOH	10.30-11.00
	Health Communication Overview Dr. Hussaini, Director, IEC Department, MOH Mr. Qawsi, Deputy Director, IEC Department, MOH	11.00-12.30
	Prayer and Lunch	12.30-13.30 13.30-14.00
Afternoon Session	Communication Strategy Outline Overview of the Stages of Strategy Development Grouping of participants Dr. Ahmed Sardar, Health Communication Program Assistant, WHO	14.00-16.00
	Stage 1: Situation Analysis *"Understanding the nature of the health issue and barriers to change"* Brief Presentations by Health Directors on the Situation of Priority Health Problems (20 minutes each) Dr. Taufiq Mashal, National Manager, EPI Dr. Koshal, Director, Communicable Diseases Control Dr Sayed Ali Shah Alawi, Director, Child and Adolescent Health Dr Salih Rahmani, National Focal Person, IMCI Dr. Abassi, Director, Environmental Health Dr. Mihr Afzoon, Director, Women & Reproductive Health Department	

DAY 2 5/10/2003	*Sign in and review on previous session*	8.30-8.45
Morning Session	***Stage 1: Situation Analysis Continued*** *"Understanding the nature of the health issue and barriers to change"*	8.45-10.30
	Tea break	10.30-10.45
Afternoon Session	***Stage 1: Situation Analysis Continued*** *"Understanding the nature of the health issue and barriers to change"*	10.45-12.30
	Prayer and lunch Break	12.30-13.30
	Stage 2: Communication Strategy **Step 2.1. Communication Analysis** Determine problem behaviours Behavior rating and prioritisation Changeability and importance rating Conduct behavioral analysis	13.30-16.00
DAY 3 6/10/2003	*Sign in and review of previous session*	8.30-8.45
Morning Session	***Stage 2: Communication Strategy*** **Step 2.2. Conduct Audience Analysis** Define Primary and Secondary Target Audiences	8.45-10.30
	Tea Break	10.30-10.45
	Stage 2: Communication Strategy **Step 2.3. Conduct Channel/Media Analysis**	10.45-12.30
	Prayer and lunch Break	

	Stage 2: Communication Strategy **Step 2.4. Develop Communication Objectives**	12.30-13.30
Afternoon Session		13.30-16.00
DAY 4 **7/10/2003**	*Sign in and review of previous session*	8.30-8.45
Morning session	*Stage 2: Communication Strategy* **Step 2.5. Develop strategies and determine activities**	8.45-10.30
	Tea Break	10.30-10.45
	Stage 2: Communication Strategy **Step 2.6. Develop monitoring and evaluation indicators**	10.45-12.30
	Prayer and lunch break	12.30-13.30
Afternoon Session	*Stage 2: Communication Strategy* **Step 2.7. Develop the dissemination plan**	13.30-16.00
DAY 5 **8/10/2003**	Sign in and review of previous session	**8.30-8.45**
Morning Session	*Stage 2: Communication Strategy* **Step 2.7. Develop the dissemination plan**	8.45-10.30
	Tea break	10.30-10.45
	Stage 2: Communication Strategy **Step 2.8. Develop the training plan** Prayer and Lunch Break	10.45-12.30

Afternoon Session	*Stage 2: Communication Strategy* **Step 2.9. Assemble the communication strategy**	12.30-13.30 13.30-16.00
DAY 6 **9/10/2003**	*Intercontinental Hotel: Sign in and Morning Tea*	8.30-9.00
Morning Session	Presentations of Strategy by groups per health priority	9.00-10.30
	Tea Break	10.30-10.45
	Presentations of Strategy by groups per health priority	
		10.45-12.30
	Prayer and lunch Break	
	Stakeholder discussions, recommendations and approval	12.30-14.00

Annex B:
List of Participants

No.	Name	Organization
1.	Natasha Howard	HNI
2.	Sayed Enayatullah	HNI
3.	Habibullah	PHC/MOH
4.	Dr. R. H. Raufi	MoWA
5.	Dr. Rohullah Niazi	MOH/PHC
6.	Dr. Abdullah Abed	HIV/AIDS, MOH
7.	Dr. Shafiqullah Shahim	NACP/MOH
8.	Dr. Abdul Rauf Shirzad	CDC/MOH
9.	Dr.Bashardost	AKDN
10.	Dr. Razia	MOH
11.	Mr. M Latif Rasooli	MOE
12.	Dr. Maarjj	MRRD
13.	Dr. Noor Mohamed Arzoi	Ibn Sina
14.	Dr. Haqib Ahmad	MOH
15.	Dr. M Ehsan	Mo Al Vet Dept
16.	Dr. Mehr Afzoon	Women's RH/MOH
17.	Dr. Habib	MOH
18.	Mr. Najib Ahmad	Kabul TV
19.	Mr. Abdul Samad	Kabul TV
20.	Abdul Rahim	Kabul TV
21.	Dr. Mezer Darmar	MOE
22.	Dr. M Salim	MOE
23.	Mustafa Rashidi	MOH
24.	Dr. Abdullah abed	IMC
25.	Dr. Ahmad Arif	EPI/MOH
26.	Dr. Faiz	MOH/UNICEF
27.	Dr. S. Wahidi	PHC/MOH
28.	Dr. Zarmina Safee	Nutition/MOH
29.	Abdul Basir	IEC/MOH
30.	Mohammed Azeem	IEC/MOH
31.	Farida	IEC/MOH
32.	A. Wasay	IEC/MOH
33.	Sayed Zahemi	IEC/MOH
34.	Arifa	IEC/MOH
35.	Mohamed Sharif	Hajj&Awkaf
36.	Ms. Louisa Norman	PSI
37.	Sayed Mirzahussein	WHO
38.	Dr. Ahmed Samih Wahed	JICA
39.	Dr. Peter Jeggi	ADRA
40.	Sayed Nazir Ahmad	IEC/MOH
41.	G. D. Klak	Care Intl.
42.	Dr. Saied Sabees	AHDS
43.	Dr. Farouki	WHO
44.	Dr. Keiko Inaba	WHO
45.	Qudsia Rafizadah	IEC/MOH
46.	--	IEC/MOH
47.	Mohamed Akram	USAID REACH

No.	Name	Organization
48.	Miram Jan	USAID REACH
49.	Saieed	WHO
50.	Dr. Sardar Ahmad	WHO
51.	Dr. Hussaini	IEC/MOH
52.	Ms. May Al Bezreh	WHO
53.	Ms. Montse Povill	UNICEF
54.	Dr. Mohamed ElFeraly	USAID REACH

Annex C: Worksheets

Worksheet 1 (a): Problem analysis

Problem Manifestation			
Level of causality	**Behavioral causes**	**Non-behavioral causes**	**Sources of information***
Immediate causes			
Underlying causes			

*The sources of information column ensures that planners think about the causes and the reliability of the sources they are obtaining information from. It is important that problem analysis be research-based. Research helps to accurately identify and quantify the scope the problem, including recognition of segments of the population most affected.

Worksheet 1 (b): The problem statement*

What is happening (are people doing/not doing) that is a problem?
Where and when does it usually take place?
Whom does it affect?
What are the primary effects of the problem?
What are the possible causes?

*The problem statement should be put in terms of what people are or are not doing so that it will be clear what aspects of the problem a communication program can address.

Worksheet 2: Changeability and importance grid

	More important	**Less important**
More changeable	*Priority 1*	*Priority 3*
Less changeable	*Priority 2*	*Priority 4*

Worksheet 3: Behavior analysis

Problem behavior	Manifestation	Behaviors to promote	Barriers to ideal behavior	Factors encouraging ideal behavior

Worksheet 4: Audiences analysis & Partners (segmentation)

	Audiences		
	Primary target audience: Those that carry-out the behavior to be changed	**Secondary target audiences:** Those who will influence/support those targeted in Community Mobilization	**Partners:** **Those supporting policies/programs that affect primary and secondary audience and targeted in advocacy activities**
Problem Behaviors			

Worksheet 5: Communication channel analysis (Segmentation)

Target audiences	Group affiliation *(religious, social, economic)*	Where do target audiences go often/spend substantial time?	Whom does the target audience consult on health issues?	Who else can influence the target audience in health-related matters?	Channels to be used in health communica-tion

Worksheet 6 (a): Communication objective, strategy, activities and indicators

Objective	
Strategy	
Activities	
Process indicators	
Impact indicators	
Outcome indicators	

Worksheet 6(b) : Message concepts

Target audience	Behaviors to promote	Factors influencing adoption	Message areas/ concepts	Communication approach	Appeal/tone

Worksheet 7: Plans for material development

Strategy	Target audience	Materials to develop		
		Mass media	**Group settings**	**One-on-one (IPC)**
Behavior change communication				
Community mobilization				
Advocacy				
Training Capacity Building				

Worksheet 8: Dissemination plan

Strategy	Target audiences	Activities			Educational materials	Material distribution strategy	How the materials will be used
		Mass Media	Group Settings	One-on-one (IPC)			
Behavior Change Communication							
Community mobilization							
Advocacy							
Training Capacity Building							

Worksheet 9: Training/capacity building plan

Training target groups	Training content	Duration of training	Responsible Organizations

Worksheet 10: Integrated communication strategy planning matrix									
	Problem behavior	**Behavior to promote**	**Target audience**	**Communication objectives**	**Strategies**	**Activities**	**Message, Appeal and tone**	**Channels of communication/ setting**	**Communication materials**	**Monitoring and evaluation indicators**
BCC									
Community Mobilization									
Advocacy									
Capacity Building									

Worksheet 11: Implementation schedule/plan of action

Month / Activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Officer/ Org	Source of funds

Annex E

Step-by-step development of an integrated communication Strategy

Situation Analysis
Review the status of health

- Document status of health programs and identify: strengths, weaknesses, lessons, issues, problems, behaviors, channels, etc.

What to review:
  - Health records
  - Relevant research reports
  - Existing policies and practices
  - Planning guidelines

Sheet 1a

Note

- Some of the problems identified could be solved through communication interventions

- Others may not be of communication nature and may need to be addressed by other departments

The *problem statement* answers the following questions:

- What is happening (are people doing/not doing) that is a problem?
- Where and when does it usually take place?
- Whom does it affect?
- What are the primary effects of the problem?
- What are the possible causes?

Example of a problem statement:

Country X had low coverage, 35 per cent for measles and 45 per cent for polio among children 0–5 years of age, in the years 1995 and 1996 (data recorded during routine immunizations) resulting in increased incidence of measles and polio. This is a result of poor planning, religious resistance and the absence of outreach services for populations in rural regions and urban high-density areas.

Sheet 1a

Problem analysis & formulation

- Make sure that problems identified during the analysis are not their manifestations, causes or explanations

- Only after painting a clear picture of the problem will it become evident which groups of people, performing particular behaviors, need to be targeted/involved in the program

- Analysis also helps to develop messages and strategies that introduce, teach or reinforce performance of desired behavior more effectively

Sheet 1b

Worksheet 1b: Problem analysis

Problem:			
Manifestation:			
Level of causality	**behavioral causes**	**Non-behavioral causes**	**Sources of information**
Immediate causes	*These causes may include program structure, lack of information, lack of capacity, etc.*	*These causes may include problems of supply distribution*	
Underlying causes	*These are usually at the level of government policy and practices and include causes such as the school system, kinds of health services available, etc.*	*The causes may include lack of infrastructure*	

Worksheet 1b: Problem analysis

Problem: Low vaccine coverage **Manifestation:** High incidence of vaccine preventable diseases			
Level of causality	**behavioral causes**	**Non-behavioral causes**	**Sources of information**
Immediate causes	Caretakers not taking their children to health facilities to be immunized Shortage of data Rumours Lack of information among political leaders	Inadequate access to healthcare facilities	Health workers Records on immunization at district hospitals Newspapers and health staff Meetings, briefings, one-on-one interaction MOH (provincial) & NGO
Underlying causes	Religious resistance Low prioritisation of EPI among political leaders	Transport issues Shortage of staff Allocation of funds for social services # of staff/# of people	Statements by religious leaders Newspapers, briefings, one-on-one interaction District hospital

To determine the problem behavior(s) to address

- Review all the behavioral causes identified

- Rate and prioritize behavioral causes on the basis of changeability and importance.

- Out of important and changeable behaviors, select 1–3 behaviors to address.

Behavior rating and prioritisation

- It is what target audiences (individuals at grass root level, decision makers, program professionals, etc.) do or fail to do that ultimately impacts program achievement directly.

- For this reason, communication programs should focus on behavior and not knowledge or attitudes.

- communication is most effective when it is applied to behavior that can change given resources and time frame of program.

Criteria of changeability & importance of a behavior

Determining importance

- *Relevance* — How strong is the link of the behavior with the health problem?

- *Occurrence* — How frequently or rarely does the behavior occur?

- *Impact* — Does the behavior have a demonstrable effect on the health problem?

Sheet 2

Criteria of changeability & importance of a behavior

Determining Changeability

- **Stage of behavior development**— Is the behavior in a developmental stage or is it already established?
- **Cultural acceptability**— Is the ideal behavior that should replace the current behavior compatible with acceptable sociocultural norms and practices?
- **Past success/failures**— What successes/failures have been realized in efforts to change this behavior in other programs in the past?
- **Cost**— At what cost (in time, energy, social status, money or materials) will the ideal behavior come about? Is the cost acceptable or too high?
- **Consequences**— Will the new behavior yield positive or negative consequences for the person performing it?
- **Persistence**— Does the new behavior require compliance over an acceptable or an unrealistically long period of time?
- **Complexity**— Is the behavior too complex or can it be easily divided into a small number of elements or steps to facilitate learning?

Sheet 2

Changeability & importance grid

	More important	**Less important**
More changeable	**Priority 1** *More changeable and important behaviors.* High priority for program focus.	**Priority 3** *More changeable but less important behaviors.* Low priority except to demonstrate change for "political" purposes.
Less changeable	**Priority 2** *Less changeable but important behaviors.* Priority for innovative programs.	**Priority 4** *Less changeable and less important behaviors.* Not worth spending resources on.

Sheet 2

Conduct behavior analysis

- After determining problem behaviors to focus on, the next step is to analyze the chosen behaviors in order to understand them better & determine the behaviors to promote in their place.

- The behaviors are analyzed on the basis of research findings.

Sheet 3

Worksheet 3: behavior analysis worksheet (example)

Problem behavior	Manifestation	behaviors to promote	Barriers to ideal behavior	Factors encouraging ideal behavior
Some caretakers do not take children with AFP to the health facility	■ They hide children with AFP ■ They take children with AFP to traditional healers	■Take children with AFP to health facilities within 24 hours of onset ■ Advise neighbors to take children with AFP to health facility	■ Belief that paralysis is caused by evil spirits or witchcraft ■ Belief that paralysis is a shameful disease ■ Health workers will ridicule caretakers when they take children with AFP to health facilities ■ Health facilities are far ∙Poverty—no bus fare to health facility or fee	■ Caretakers take children to health facilities for other medical problems ■ Health facility ■ A mechanism for reporting AFP within the community is being identified ■ Youth organizations are very active in the community ■ Children health is important to caretakers ■ Leaders are active & supportive of health

Conduct audience analysis (Segmentation)

During audience analysis, **all** categories of stakeholders that ought to be involved in the communication effort as either target audiences, partners or allies are identified & analyzed. This also includes identifying organizations that can support communication efforts.

Sheet 4

Primary & secondary target audiences

To identify key audiences, communication planners ask the following series of questions, let us take immunization as an example

- **Who does not take children for immunization? (This identifies primary audiences)**

- **Who is in a position to influence, persuade or support those who do not take children for immunization? (this identifies secondary audiences in the immediate environment of primary target audiences, i.e. family & friends)**

- **Who will inform & support policy & program changes that will affect the primary & secondary audiences decision to take children for immunization? (This identifies opinion/decision-maker audiences)**

Community partners

- Normally based in the community & are identified by asking this question:

  Who can influence target audiences to adopt the behavior being promoted?

- Possible partners include influential people, ie. opinion leaders, family members, neighbors, friends & other individuals or groups in the community

Community mobilization partners

To identify community mobilization partners we need to ask these questions.

Which agency or individuals are interested in or working for health?

What facilities do they have (networks in the community, personnel, experience, training facilities, funds, transport, etc.)?

What is their reputation in the community?

What influence do they have with the   authorities and primary and secondary target groups?

Sheet 4

Advocacy partners

- Who holds the key to program acceptance in this community?

- Who are other influential people/groups (mullahs, celebrities)?

- Opinion, Decision/policy makers at the local and national level

Sheet 4

Communication objectives

The key to developing strategic behavior change objectives is keeping them SMART

Specific. Objectives should say who or what is the focus of the effort and what type of change is intended

Measurable. Objectives should include a verifiable amount or proportion of change expected

Appropriate. Objectives should be sensitive to audiences needs & preferences as well as to societal norms & expectations

Realistic. Objectives should include a degree of change that can reasonably be achieved under the given conditions

Time-bound. Objectives should clearly state the time period for achieving these behavior changes

A strategy

is a short statement or phrase indicating a general methodology to be used to achieve a stated objective. In that form, the statement is too general to be implemented. It needs to be re-defined and amplified to be acted upon.

Develop strategies & activities

- How do we reach the desired end result?

- As all development workers know, we get to the objective by developing and implementing appropriate strategies and activities.

Sheet 5 a

Activities

- Amplify a strategy, giving it the details it needs to be implementable; i.e. *training health workers to disseminate key messages to caretakers*.
- Activities give the strategy greater definition and break it into individual units that can be implemented and scheduled on an action plan

Sheet 5 a

The next few slides using the AFP (acute flaccid paralysis) example, illustrates how to move from objectives to strategies & activity statements

Objective

By the end of the year 2004, all caretakers (fathers and mothers) in Afghanistan will notify a health worker within 24 hours about their children aged 0–15 years who get AFP.

How will the objective be reached?

By implementing the following **strategies**:

- Training health workers to disseminate key messages to caretakers.

- Using mosques and other community groups to disseminate information to caretakers.

- Disseminating information in the mass media

Sheet 5 a

How will the strategies be implemented?

By implementing the following **activities**:

1. Preparatory work/action

- Hold a half-day briefing meeting with partners and EPI contact persons in the districts.

- Develop appropriate training curricula and IEC materials to support the program.

2. Training of health workers

- Identify and train 20 trainers, 2 per district, for 5 days & give them IEC materials to distribute

- District trainers conduct training for health centre-based EPI contact persons (1 course of 30 per district)

- Trainers and health centre contact persons train operational health workers

- Trained health workers disseminate messages at health facilities & in the community

Sheet 5 a

Monitoring & evaluation

- Monitoring and evaluation activities will enable communication planners to gain greater understanding their programs and find ways and means of strengthening them

- Monitoring and evaluation indicators are drawn mainly from program **objectives/activities** and may be classified in three main categories, depending on the aspects of the program to be assessed and how soon after commencement of the project evaluation is expected to take place.

Sheet 5 a

Process indicators

focus on short-term achievements of a program
& program activities & the performance of
program processes & administrative &
logistic arrangements.
These indicators deal with the following questions:

- Were activities implemented as planned?
- How efficiently?
- How well did administrative and logistic arrangements work?

Sheet 5 a

Impact indicators

- are useful in assessing medium-term effects of a program.

- impact evaluation usually uses quantitative research methods, &

- provides information on the extent to which program objectives have been achieved.

Sheet 5 a

Outcome indicators

- useful in providing information on the long-term effects of program interventions.

- in a health program, outcome indicators assess change in morbidity, mortality, health status and quality of life.

- Outcome evaluation uses quantitative research methods.

Sheet 5 a

Message concepts

Criteria of good messages:

- Reinforce positive factors
- Address misunderstandings and areas of deficient knowledge
- Address attitudes
- Give the benefits of behaviors being promoted
- Urge specific action
- State where to find the services being promoted
- State where to find help, if needed
- Address barriers to action

Sheet 5 b

Choosing the communication approach

Depending on the communication problem and research findings, planners may wish to take any or a combination of the following approaches:

- **Informational**
- **Educational**
- **Persuasive**
- **Entertaining**
- **Empowering**

Sheet 5 b

Choosing the message appeal/tone

Depending on research findings, and the behaviors that need to be promoted, planners may select any or a combination of the following possible message appeals:

- **Positive or negative**
- **Rational or emotional**
- **Mass or individual appeal**
- **Humorous or serious**
- **Appeal from a peer or from an authoritative source**

Sheet 5 b

Channels & media analysis

- **What** channels of communication are available for reaching the identified target audiences?
- **What** are the strengths and weaknesses of each channel?
- **How** effective are the channels in reaching the target audiences we wish to reach with the message(s) we plan to deliver?
- **Where** do people seek information on health
- **Why** do they go to this particular place or individual?
- **How** can the place or individual be integrated in promotion of health messages?

Sheet 6

Some Proven effective channels

- Mass Media: TV, Radio, print materials
- Community/interpersonal:
  - Print materials
  - Health worker networks at various levels
  - Local authority structures
  - Provincial administration
  - Mosques (mullahs)
  - Women's organizations
  - Youth organizations
  - Schools (teachers and students)
  - Village-based traditional "health consultants" (such as TBAs, traditional healers, medicine sellers)
  - Motivators (including paid staff and volunteer village workers)
  - NGOs

Sheet 6

Develop plans for material development

materials should be:

- Evidence/research based
- Developed based on program objectives
- Appropriate to the topic and target audience
- Appropriate to the context/setting in which they will be used

Sheet 7

Develop the dissemination plan

To develop the dissemination plan we need to answer the following:

- How will the messages reach intended audiences
- How will educational materials be distributed
- How will educational materials be used

Develop the training plan

Effective implementation of health communication program may require both paid & volunteer implementers at various levels be trained in order to:

- Acquaint themselves with the objectives, strategies and activities of the program
- Know the roles they are expected to play
- Acquire information and skills needed to perform assigned roles

Training categories include

- Various paid and volunteer motivators (e.g. community health workers, TBAs, etc.)

- Appropriate health workers: to enhance/update knowledge and skills as well as improve interpersonal communication skills

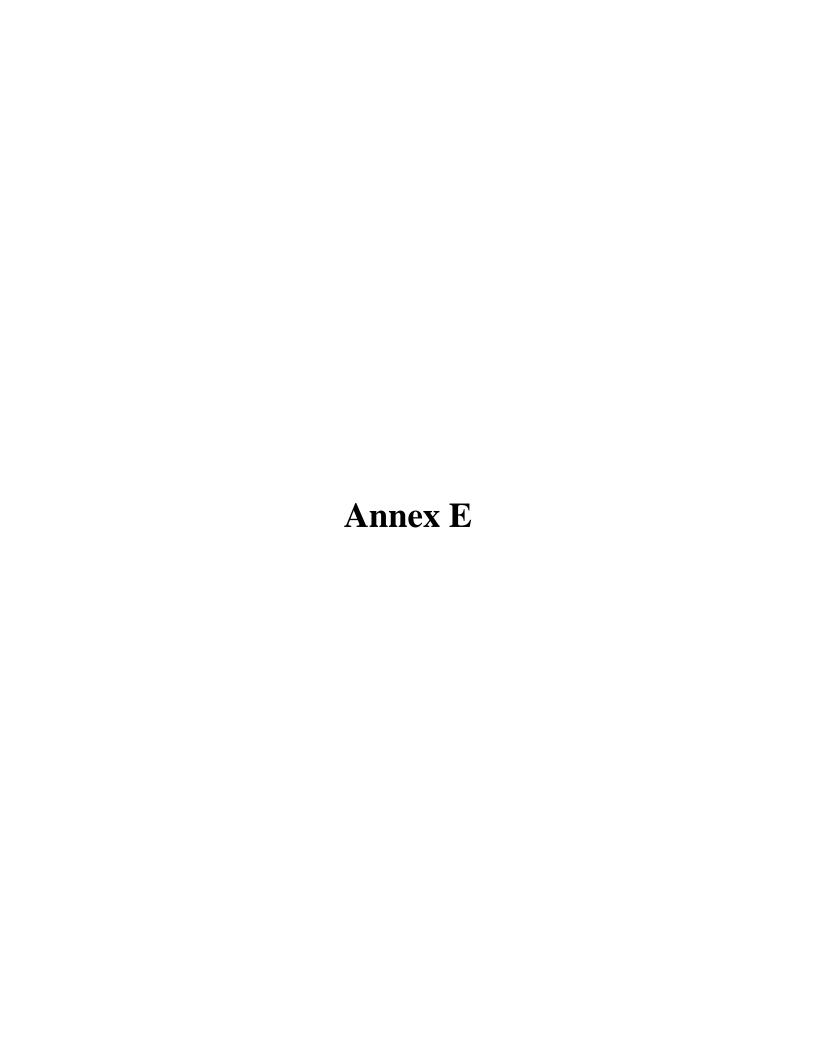- Supervisors: to upgrade their ability to provide supportive supervision

Sheet 9

Assemble the integrated communication strategy

Sheet 10

Write the plan of action

The plan of action provides information:

- On the delivery/implementation schedule for the activities
- On the source of funds for the activities
- On Partners' implementation role
- That provides accountability and assists in tracking and monitoring program progress.

Annex E

HEALTH COMMUNICATION OVERVIEW

What is Health Communication?

The <u>systematic</u> attempt to influence positively the health practices of large populations

Successful Health Communication Programs:

- involve more than the simple production of materials

- use research-based strategies in identifying the
  - major problem(s),
  - target audiences,
  - appropriate messages, and
  - effective channels

  → to bring about behavior change towards healthier individuals & communities

What Health Communication Can achieve and what it Cannot

✓ can improve health at the individual, community and system levels

→ but it cannot do so alone!

✓ changes in health care services, technology, regulations, and policy are often also necessary to completely address a health problem

Health Communication can

✓ Increase the intended audience's knowledge & awareness of a health issue/ problem, & solution

✓ Enhance knowledge, as well as Influence perceptions, beliefs, & attitudes that can affect behavior change

✓ Prompt action/Motivate

✓ Demonstrate & illustrate the advantages of adopting the healthy behavior

✓ Advocate a position on a health issue or policy

✓ Increase demand or support for health services

✓ Refute myths & misconceptions

Health Communication cannot

✗ Compensate for inadequate health care systems, especially regarding issues of lack of infrastructure, availability & access

✗ Produce sustained change in complex health behaviors without political will

Communication Programs Include

- Promotional advertising: print materials and radio & TV public service announcements (PSAs) disseminating messages to the public or specific audiences to increase awareness about and demand for products, services, or behaviors

- Entertainment-Education (E-E): songs, TV and radio dramas or variety shows as well as community events such as theatre and mobile cinema – including health messages in an attractive, dramatic and entertaining format that decreases audiences' resistance to messages otherwise conveyed –ADD allows audiences to identify

- Individual and group instruction—influences, counsels, and provides skills to support desirable behaviors

- Advocacy: increases support for a program or issue by harnessing the influence, credibility, and resources of profit, nonprofit, or governmental organizations and individuals

Guidelines for an effective communication campaigns

1. **Define the communication campaign goal effectively:**

- Identify the larger goal

- Determine which part of the larger goal could be met by a communication campaign

- Define the specific communication objectives of the campaign; integrate these into a campaign plan

2. **Define the intended audience effectively:**

- Identify the group to whom you want to communicate your message
- Consider identifying subgroups to whom you could tailor your message
- Learn as much as possible about the intended audience; add information about beliefs,   current actions, and social and physical environment to demographic information

3. **Create messages effectively:**

- Brainstorm messages that fit with the communication campaign goal and the targeted audience(s)
- Identify channels and sources that are considered credible and influential by the intended audience(s)
- Consider the best times to reach the audience(s) and prepare messages accordingly
- Select a few messages and plan to pretest them

4. Pretest & revise messages and materials effectively:

- Select pretesting methods that fit the campaign's budget and timeline
- Pretest messages and materials with people who share the attributes of the intended audience(s)
- Take the time to revise messages and materials based upon pretesting findings

5. Implement the campaign effectively:

- Follow the plans you developed at the beginning of the campaign
- Communicate with partners and the media as necessary to ensure the campaign runs smoothly
- Begin evaluating the campaign plan and processes as soon as the campaign is implemented

There is no pre-made recipe that ensures the success of health communication programs, because

health problems, populations, cultures, & contexts vary

✓ Programs will achieve the greatest impact when combining approaches and lessons learned tailored to address a problem.

Research

- Is vital to identifying & understanding intended audiences & developing messages & strategies that will motivate action

- Should be conducted before, throughout, & after implementation provide data on which to base conclusions about success or failure & help to improve current & future communication programs

- Should be built in from the start, not tacked on to the end of a program. Integrating evaluation throughout planning and implementation allows for

  - ➤ Tailoring messages, materials, and activities to your intended audience
  - ➤ Including evaluation mechanisms (e.g., include feedback forms with a community guide)
  - ➤ Defining appropriate, meaningful, achievable, and time-specific program objectives

Evaluating a communication program's impact enables one to:

- Understand what is and is not working, and why
- Improve the effort while it is underway and improve future efforts
- Demonstrate the value of the program to concerned parties such as partners, donors, and the public